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ABSTRACT

The study is directed to the entry crisis faced by the elderly in moving to institutions for the aged. The Skaalen Sunset Home for the Aging, a 273-bed nursing home located in Stoughton, Wisconsin, was selected as the research site. Initially, a group interview was conducted with members of the Skaalen residents' council of 13 elderly to discuss the study. Twelve persons were randomly selected from each section of the home (infirmary, resident section, and suites) for individual interviews. Interview questions focused on previous knowledge of Skaalen prior to entry, the decision to enter, helpful staff/resident responses during the crisis of entry, and attitude changes. The study indicated that a suffering of losses appeared greatest for those uninformed about the institution. Those persons occupying the suites were overall more independent and satisfied. Residents showed concern about newcomers, either actively or passively, and staff was mentioned as a positive resource. Recommendations for facilitation of the educational process included the use of resident teams to publicize and educate, personal sharing of resident life stories, mutual staff/resident support, intermingling of community members and residents in recreation classes, and increased staff/resident involvement in institutional planning. (EA)

A STUDY OF THE ENTRY CRISIS TO A NURSING HOME

BY

BLANCHE LOUISE GRADE

A thesis submitted in partial fulfillment of the
requirements for the degree of

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BIOGRAPHICAL SKETCH OF AUTHOR

The author is a native of Wisconsin who was reared on a dairy farm with her family and grandparents. As a teenager one of her employment experiences was to care for several aging women. She gave more attention at that time, however, to a concern for educating young children. Eventually she completed a bachelor of science degree in elementary education at the University of Wisconsin-Madison. She began professionally by teaching kindergarten in Madison. Two years as a Peace Corps volunteer in Malaysia teaching young children followed. This experience ignited a strong sense of the values, nature, and purpose of community.

The author returned to Madison to teach sixth grade, to use knowledge of the cross-cultural community experiences she had gained. These Madison students, she realized, were separated from some elements of their own community. She learned that students genuinely missed opportunities to have grandparents near. As a result she fostered a program beginning to bridge the gap between the aging citizens and children.

Simultaneously, the author grew disenchanted by the numerous stresses of curriculum and general educational environment with which children and teachers were faced. She turned toward study in recreation and leisure at the University. Her exploration of community as she saw it in the schools where she supervised student teachers as a Teaching Assistant often reenforced her feeling of

disenchantment. The author became interested in self-development and community support. In time, reference to the elderly and their lack of a sense of community emerged.

The author began to consider how an educator could function outside the schools within the community to generate more openness within the educational institution. She wondered what role aging citizens might play in this, what the elderly faced when they became separated from the larger community in nursing homes. Thus the author delighted in being allowed the opportunity to hear of the responses of aging persons to their entry into Skaalen Sunset Home.

An outgrowth of this study for the author is an increased understanding of the problems elderly citizens face. The author nurtures a hope that some of these problems may be met with the loving joy of children. She feels children and aging citizens have much to offer each other; they need an avenue upon which to meet and share life. The author wishes to play some part as a liaison in this sharing process.

TABLE OF CONTENTS

CHAPTER I

INTRODUCTION

Background

The human spirit continually drives toward life--toward re-creation; that re-creation occurs in different ways to different people. One of the prerequisites for re-creation is leisure time. Leisure time without purpose can be fine only when an individual has freedom to choose. If he must sit and/or be silent because there is no other option, then time becomes a burden rather than a gift of life.

The elderly in America are given the most leisure time of any group of people. Yet these persons who could speak to the life-long experience of their own drive toward life have often been denied an ear or even the ability to speak of the wisdom of life achieved in aging.

Our general impression of aging and nursing homes is not positive; the high quality of some nursing homes is not enough to change our attitudes. Why? First, we lack knowledge; our education in recreation and leisure tends not to focus on the elderly. Then, too, we hold some traditional assumptions about aging and nursing homes that tend to constrict us.

We think of nursing homes only as institutions not as viable sharing communities. We see clearly in the American dictionary:

"institutionalize"

"To put (someone) in an institution, as for the aged." (Institutions itemized to clarify meaning are mental hospital and prison.) This definition offers evidence that society does not regard nursing homes as communities. At the same time community is defined as a group of people living together in one locality and subject to the same laws, having common interests, characteristics, etc. Thus, a nursing home is obviously a community.

What caused society to identify nursing homes as institutions rather than as communities? Should a residence for the aging realistically be called a home? Too often some nursing homes may have centered on loss and lack rather than on gain--loss of skills, loved ones, income, health, status, home, old friends, etc. While these are real and great losses, a new community can provide opportunities for gains--gain in security, in leisure time, in new friends, new status, and in renewed growth of spiritual life.

Two traditional theories about aging expose attitudes held by society about the aging individual and the possibility for re-creation: the activity theory and the disengagement theory.[1] The activity theory suggests keeping the elderly perpetually busy; the disengagement theory allows the elderly to be gradually weaned from activity till death. Both theories when examined today seem to dehumanize the individual and are therefore inadequate yet linger in people's thinking at all levels of society. Neither theory allows for a spirit of true community nor for meaningful use of leisure time.

With our outdated assumptions and traditional attitudes our

vision is clouded. We can scarcely help bringing this social bias to our own aging. Without educational goals related to leisure and meaningful aging, our vision can become one of fear. Fortunately, research continues to push against the doors of ignorance and fear; it examines a question casting some possible light on a darkened area.

The research problem

At the Skaalen Sunset Home in Stoughton, Wisconsin, a professional staff and trained volunteers offer both a caring, listening ear and nursing facilities to a population of aging residents. The specific problem to be examined in this paper is the crisis period of entry into that nursing home. Thirty-six aging residents were randomly selected and interviewed in an effort to shed light on the following seven questions.

1) Do residents have knowledge about Skaalen prior to entry? Does this make a difference at the time of entry?
2) Who makes the decision to enter? Does this make a difference at the time of entry?
3) What meaning does entry have to the aging person?
4) Are staff, facilities, and/or other things named as helpful to newcomers during the crisis of entry?
5) Does a resident recall a change in attitude from the time of entry to many months after entry?
6) How does a resident in the home respond to newcomers?
7) What do residents think newcomers want most?

Related literature

Over the last thirty-some years researchers have examined a variety of questions related to the stress and the merit of some form of relocation for the elderly. In this paper the researcher used institutionalization and relocation interchangeably. These words were defined to mean a move from private residency in a community of multi-age residents to a place where only elderly live with the support system of health care. Some other assistance is offered in some places more than in others such as transportation, cooking and cleaning provided by a staff, recreation, etc. Two major concerns, then, prominent in the research have been: (1) Do the elderly benefit from moving to institutions for aged persons? and (2) What are the salient factors related to adjustment to a home for the elderly? From the first question two controversies have been examined:

a) satisfaction felt while living in one's own home vs. living in an institution

b) death rate while living in one's own home prior to entry into an institution vs. death rate after entry

The second question is easily divisible into the following factors:

a) stress faced before entering the home

b) previous adjustment background of the individual

c) quality of facilities and staff in the home

d) voluntary or involuntary decision to enter

e) short-term adjustment as related to long-term adjustment

f) meaning of the move

These researched aspects of relocation conclude with contradictory results. They do throw some light on the problem of relocation of the elderly, however, and, therefore, are worthy of review.

First, do the elderly benefit from moving to institutions for aging? (a) the degree of satisfaction felt while living in one's own home vs. living in an institution: Beavan reported that "old people living in their own homes were more intelligent and cheerful than old people in institutions."[2] Those who were not happy at home because they had adjusted poorly to life all along often chose to reside in homes for the aging reported Scott.[3] Therefore it is reasonable to expect nursing home residents to be unhappy. In contrast to this thinking, Pan, in a study of a Protestant home, found that people were happy in the nursing home setting; he attributed much of the satisfaction to the facilities available.[4]

Anderson, in a study of the effects of institutionalization on the self-esteem of older persons, learned that institutionalization does not necessarily have a detrimental effect on older persons. She suggested that institutions could increase social interaction and in turn raise self-esteem: "The retirement home community provides new potential for interaction. Moreover, as residents interact, new norms and values are established. These tend to be more appropriate to the older person than the norms and values of society at large."[5] Research by Lawton and Cohen revealed a small but relatively stable favorable effect of rehousing on the well-being of older persons.[6]

Research thus far does not reveal a solid response to (b) death rate while living in one's home prior to entry to an institution vs.

death rate after entry. Lieberman reported that the death rate following entry into an institution was two and one-half times greater than during the several months the aging individual waited in his own home prior to entry.[7] Thus institutionalization seems far more critical than the waiting period with respect to the extreme reaction, death. Blenkner supported Lieberman to a degree when he reported adverse effects in the elderly who were institutionalized. He attributed the effects to institutionalization.[8] Markus, Blenkner, and Downs discovered that the highest death rate occurred during the first three months of life in a nursing home.[9] These researchers obviously agree that the nursing home environment is likely to cause death in an aging person.

Other researchers disagree strongly. Wittels, for example, showed that lives were not shortened by the stress of relocation.[10] Kasl concluded that there was entirely too much emphasis placed on death rate during the months following relocation. He emphasized that negative outcomes were based on inappropriate methodological group comparison, concluding that with proper planning, good social service and care could be the benefits derived from relocation.[11]

Research discloses varied responses to the second question: What are the salient factors related to adjustment to a home for the aging? Six major factors appear in the literature.

a) Of what significance is the stress faced before entering a home? Sherwood, Glassman, Sherwood and Morris concluded that adjustment takes place before persons enter a home.[12] Crises about separation, loss and rejection have been observed during the waiting period in the private

home prior to entry.[13] Prock determined that the waiting period before entry was actually the most stressful time, that stress lessened upon entry.[14] In 1973 Prock teamed with Lieberman and Tobin. They reported, "the effects of the waiting period are clearly destructive for most of the individuals studied."[15] Weinstock and Bennett learned that those elderly on waiting lists to enter a home scored lower on a cognitive ability test than did newcomers to the home.[16] They concluded that newcomers have a more stimulating social environment than the elderly in the larger community.

Lazarus revealed that appropriate cognitive appraisal of an impending threat has been shown to be the crucial element for dealing with stress.[17] Lieberman points out that despite the good sense of psychological preparation and its firm footing in empirical research on stress, evidence from research on relocation suggests that it is not a powerful tool in minimizing relocation risk.[18] Consequently, though research does tell us that the pre-entry period may be highly significant to adjustment, nevertheless no positive strategy exists for dealing with that probable stress. In addition, we do not know exactly why the stress occurs; is it the previous societal understanding about institutional life which makes people think in terms of loss rather than of advantages?

b) What does the previous adjustment record tell us about how well a resident may adapt to a nursing home? Ross in a study of persons entering a French home for the elderly observed that individuals fell into one of three groups. Either they were very socially oriented, rather selectively social with a few close friends, or social isolates.

Upon a search of background information on these persons, he noticed that three corresponding groups existed: communists, anti-communists, and non-communists. Ross concluded that the way one adjusts to the new environment is related strongly to the adult socialization pattern.[19] What a nursing home staff does to facilitate socialization may not be especially helpful. Ross's findings are partially supported by Goldfarb and Burr: those persons who had good prognosis for adjustment before coming to a home actually benefited from coming while those who had poor prognosis had an increased mortality rate.[20] Evidence indicates that previous adjustment affects present ability to adjust.

c) How does quality of facilities and staff of a home for the aging affect a resident's adjustment? Though Ross, Goldfarb and Burr support the need for quality staff members, Routh in his book entitled Nursing Homes--A Blessing or a Curse discusses the importance of staff who like what they are doing. Routh sees nursing homes as a real blessing when they are "excellently staffed and operated, medically-oriented, patient-oriented and when they provide a multiplicity of services to patients. Much depends on the rationale of the administrators of the home . . . on the philosophy by which the home is run."[21] Lieberman's findings suggest that "institutions that had relatively high expectations of behavior, that treated the elderly as adults with responsibilities, and that were not indulgent or permissive with regard to deviant behavior presented a facilitative challenge . . . . Making demands in the context of a humanizing respectful environment appears to be highly facilitative. Tender-loving-care when it implies infantilization seems to be not only nonfacilitative but potentially

destructive."[22] Lieberman concluded that resource richness in the environment was not crucial but the quality of personnel and administration made a significant difference. The work of Brand and Smith strongly points toward the positive value of social interaction of the elderly with their environment as a decisive factor for life adjustment.[23] Though research does not substantiate the need for "resource richness," it is evident to some that quality staff does make a difference.

d) Of what significance is a voluntary or involuntary decision to enter a home? Involuntary relocation is a stressful experience of older people despite services provided.[24] Relocated subjects were less socially active and had fewer social contacts. The move disrupted the social network. "Satisfactory adjustment is facilitated when the older person enters the institution of his own free will and with the feeling that the environment will be not only acceptable but beneficial."[25] Contrary to both of these views, Lieberman's "evidence suggests that the voluntary/involuntary variable is, at best, a crude and nonanalytic concept for looking closely at what happens in the transition from community to institutional living."[26]

e) Does short-term adjustment tell something about long-term adjustment? The attributes conducive to short-term adjustment, by any one definition, tend also to be conducive to long-term adjustment.[27] Lieberman states that one must note "whether the individual departs from his prior physiological behavior . . . and psychological status to discover if his level of competence is reduced" as a result of life in a home for the elderly.[28] How an individual adjusts on short-term may tell us something about long-term adjustment though this is

not clear in the available research related to nursing homes.

f) What is the meaning of relocation to the elderly?

> One of the major effects of institutionalization is not really a direct result of living in the institution at all. Rather it is an indirect result of the processes surrounding institutionalization in which the person who has reached that point of life where he is entering an institution reacts to the meaning of such an entry. . . . Tearing oneself out of a social fabric that may have been part of one's life for fifty to sixty years is a major social dislocation. . . . Thus it may be a gross error to assume it is the institution itself that wreaks such havoc.[29]

Field sees the meaning of institutionalization differently. The individuals "need to observe rules and regulations which do not always coincide with individual preferences. It means a close association with strangers with whom they have to share intimate details of their lives, even sharing a room in some instances."[30]

The research literature examined whether or not the elderly benefit from moving to institutions and a number of the salient factors related to adjustment to a home for the elderly. The diverse responses to problems of relocation indicate the need for further research in this area. The basis for the research questions used in this study was the residents themselves. A council of representative residents discussed the desired goal: to learn more about how to help the newcomer through the entry crisis. Their ideas became the main body of the questionnaire used. Thus only some of the research questions previously asked were touched on in this study. Others remain for future examinations.

The proposed inquiry of this paper is justifiable not only because research results are controversial, but also because the aging population is rapidly increasing. American standards have drawn most of the population into private housing. There, residents may

have a sense of privacy, a sense of personal space, a place for accumulated possessions, a selectivity about whom one will associate with, a choice of what and when to eat, etc.

A study reviewed by the Russell Sage Foundation on preferred living arrangements for older people revealed:

> Older people, even when unable to care for themselves, are generally adverse to the idea of institutional living. Only 3 per cent of the people 65+ say they would most like to live in a home for the aged; whereas 61 per cent would like this plan least of all.[31]

The aging are invariably headed for crises when so many experience what they wanted least of all.

Upon entry into a nursing home the resident encounters communal living where many choices are no longer his own and his privacy and space are more limited. Such a change in life style is likely to be difficult for any person at any age whether or not he agreed to that move.

> Since the turn of the century, the size of the population 65+ has multiplied many times, from 3.1 million in 1900 to 16.7 million in 1960 (an increase considerably greater than that for the population as a whole). The projected population of aging for 1990 is beyond 27 million.[32]

Because of this growing number of elderly in our society, relocation seems inevitable for many, yet most older people will have little or no previous experience with communal living. There appear to be few research studies focusing on the initial adjustment to communal living, none relating specifically to the aging.

Thus, this researcher contends that the staff of a specific home cannot easily rely on research literature for that home's admission strategy. The staff must somehow objectively survey its

residents to search out relevant data and creative solutions. They must do this periodically to insure the best possible opportunities for re-creation--experiencing a sense of independence as well as interdependence--a sense of well-being and of belonging.

CHAPTER II

RESEARCH METHODOLOGY

The research site

The research site chosen for this paper is Skaalen Sunset Home for the Aging, located within the city of Stoughton, Wisconsin, at 400 North Morris Street. There, a variety of aging citizens make their home with the assistance, as their needs may dictate, of occupational and social therapy programs, physical fitness and recreational therapy, registered nurses, trained aids, religious guidance, and administrative personnel. The predominantly Lutheran Norwegian community of elderly living within this 273 bed nursing home may take up residency in one of three types of accommodations which Skaalen offers:

the infirmary where 1, 2, 3, or 4 persons may reside in a room with constant nursing attention, with separate or shared toilet facilities,

the residential section where ambulatory and independent individuals are free to come and go as they please from their single rooms with private or semi-private toilet facilities, or

the suites where healthier, more independent persons, married couples or two aged family members, i.e., brothers, may live

in an apartment with personal furnishings for livingroom and bedroom with private toilet facilities. Suites are the least expensive because these require less nursing care.

One's physical and mental condition as well as one's financial status help determine where a resident may live. A third and very significant factor affecting the choice of living space is the actual availability of rooms for newcomers.

Although residents sleep in one of the three living accommodations they enter into a variety of activities together if they are able: religious activities throughout the week, monthly birthday parties, lectures, crafts, games, and sing-a-longs. In the diningroom both wheelchair and ambulatory residents eat together three times a day.

Skaalen's history dates back 75 years. In 1896 Gjermund and Rebecca Skaalen presented the Norwegian Lutheran Church with 203 acres of land devoted to caring for the aging. The original Skaalen Home was located near the Yahara River about three miles north of the city of Stoughton. It was equipped to care for 40 men and women. Admissions were restricted to those connected with the Norwegian Lutheran Church since the number of applicants was large enough to more than tax the capacity of the home.

On March 31, 1946, the Skaalen Home burned to the ground, resulting in a complete loss of physical property without a loss of even one of the 40 residents.

By April of 1948 a new site had been selected. Funds were made available for the construction of a $150,000 home at the north end of Morris Street in Stoughton. On the day of the 50th anniversary of the

founding of the original home, the new Skaalen Home for the Aging was dedicated and open to residents. By 1960 a much needed infirmary section was added. In 1969 construction of a new wing for 148 additional beds was begun; thus the home grew to accommodate the needs of 273 residents. Those persons involved felt Skaalen grew out of Christian charity and desire to fulfill an obvious social responsibility.

Along the 75-year path, highly commendable superintendents guided the thriving Skaalen. On August 18, 1975, Mr. Wallace Hauge assumed responsibilities as the present administrator. Because of his dedicated concern for improving an already fine nursing home, Mr. Hauge welcomed the opportunity for research in the home. Reverend Richard Rem, the resident chaplain, Debra Witte, the social worker, and Nancy Fowlkes, the recreational director, contributed generously of their time and knowledge of Skaalen and its residents' life style. This openness of the entire staff made research not only possible but, in fact, enjoyable.

Instrument development

To aid in the development of a research interview instrument, Ms. Debra Witte, the social worker of Skaalen, arranged a meeting with the Skaalen residents' council of thirteen elderly. The researcher met with this group; she described the purpose of the study and welcomed their comments. Ms. Witte made only the social introductions--then left the residents free to discuss their impressions of the preestablished interview form with the researcher.

The staff and the researcher aimed to insure that residents were free to decline or avoid interviews and that those interviewed

would remain anonymous. At the same time, they wanted to assure residents that information given could help to improve services the staff and home were presently offering newcomers to Skaalen.

An open-ended group interview was conducted with members of the council. Each member represented an area of the home: (1) infirmary, (2) residential section, and (3) suites. The purpose of this interview was to determine what questions best facilitated information gathering.

The researcher originally asked the following questions having used previous research as a guide:

1. When you remember the time you entered Skaalen, do you recall some person(s) who were most helpful to you?
2. Do you recall some activities or things that helped you?
3. What else helped you?
4. What do you think newcomers want?

With the comments made by members of the residents' council, the researcher modified the original form. She included an introduction. Each resident interviewed would hear it before being interviewed. The modified research instrument appears below:

Introduction to interviewee:

> This is an interview mainly about the time when residents like yourself first entered Skaalen Home. Your name and room number will not be included with the information you give me. What you say is confidential. At the conclusion of the study the statements collected from you will be used in a paper. The administrative staff of Skaalen hopes that the paper will give them additional ideas for providing better services to all residents. Both the administration and I appreciate your help.

The Interview Instrument included the following questions:

1. Did you know about Skaalen before you came?

2. Was it your decision to come?

3. What did it mean to you to come to Skaalen?

4. Describe something of your first weeks in Skaalen.

   Who helped you?

   What did you do?

5. Did your feelings and ideas change? What or who caused that?

6. What do you think about and/or do when you see a new person living at Skaalen?

7. What do you think the newcomer wants most?

Selection of respondents

Ms. Witte drew up a list of residents from each of the three areas of the Home: infirmary, resident section, suites. The list included only those residents who were lucid and who heard well enough to participate. The researcher then randomly selected twelve persons from each section to be interviewed individually.

Sketches of respondents

The following commentaries offer a thumbnail sketch of each of the 36 persons interviewed. The researcher assigned a fictitious name to each respondent. The alphabetical order of the names listed appears to clearly distinguish the three living areas: residents, suites, infirmary. Two names were assigned to each person in the resident section because all single letters of the alphabet had already been used. All names are later abbreviated in the Appendix as initials.

Residents

Arthur Twain — Age 75 Entry to Skaalen 7/72
smiling, optimistic man; loves his room for the wind and sun; strong Norwegian accent; easy communicator; came with back out of joint and has learned to walk again.

Bella Marie — Age 89 Entry to Skaalen 5/75
warm, attractive woman with perfect posture and air of dignity; sight loss hampers her mobility and interests; making the best

of it despite limits of aging; highly influenced by son who talked with her--"I was so proud of the things he said that I decided to make the best of things here."

Catherine Lizza — Age 85 Entry to Skaalen 7/74
lived alone many years before coming; fixed up her room with matching carpeting; has responsibility for mail delivery in her wing.

Douglas Erick — Age 92 Entry to Skaalen 10/67
in wheel chair; researcher had to stop in four times before finding him "home;" stuck to his original statement, "My feelings haven't changed since I came. I knew what I was getting into." would not elaborate on the meaning; hearing loss made communication somewhat difficult; seemed absolutely fixed in thinking.

Fredrick August — Age 83 Entry to Skaalen 10/74
warm, kindly, capable man; depressive response to life due to wife's failing health and mental state; longed for physical activity; healthy wood working craftsman who did no handwork now; quiet person who doesn't seem to build friendships easily; rather felt need to be with sick wife at all times because she feared being alone.

Gladys May — Age 75 Entry to Skaalen 5/67
thin, tall lady prone to be very critical of everything since she'd been sick; "I felt like I wasn't able to give much or wasn't very skilled. I used to deliver mail but now I can't. This last year I couldn't move that much so I've had breakfast in my room."

Heinz Anton — Age 84 Entry to Skaalen 7/74
seemed hyperactive though always responding to people around him in friendly manner; amount of energy seemed to make interviewing difficult; may have been compensating for hearing loss; afraid the women he talked to might get the wrong idea; "My father had to pay the cost of two wives who died on him."

Isabell Penelope — Age 85 Entry to Skaalen 2/72
congenial, warm woman, losing vision; listens to recorded talking books because she loves to read so much. "I'm so happy here. One person said to me, 'You're a pet around here.' Maybe I am."

Josephine Annette — Age 82 Entry to Skaalen 3/73
tall, dignified lady who began to cry at mention of entry to Skaalen; recalled many difficult times in her life: father died in tornado; husband and son died; had 4 operations; "I still have a purpose--maybe it's to love my granddaughter."

Kate Edna — Age 90 Entry to Skaalen 12/72
visually handicapped with bright brown eyes; very cheerful lady.

Lily Amelia — Age 83 Entry to Skaalen 9/72
round, small woman who seemed resentful of much in life, seemed to think people were consciously against her; "They even put red pepper in hot dishes."

Mathew Roe — Age 88 Entry to Skaalen 11/72
retired veterinarian with joyful, humorous outlook; conversed easily telling intriguing stories of events in his life; seemed to have always looked ahead and attempted to prepare both emotionally and physically for life's changes.

Suites

Anne — Age 88 Entry to Skaalen 5/72
petite, decisive woman with some years of experience living alone before coming to Skaalen; spent 1 1/2 months coming only at night, having dinner and breakfast, going home during day; has lived a number of places in her life; moves about freely inside her suite and outside the building; joyful attitude.

Bill — Age 78 Entry to Skaalen 2/74
wife died in Skaalen; retired mail carrier; able to move around freely; "not anxious for much anymore."

Clara — Age 83 Entry to Skaalen 6/71
with husband in suite; has always been sickly; very happily married; husband a wood craftsman; can move about slowly for short distances with support.

Daniel — Age 92 Entry to Skaalen 6/71
lives with brother in suite; brother paralyzed from waist down; used to manage tobacco industry for two states; roomed by himself after wife died and didn't like it; proud that he was able to lose weight because the doctor recommended it.

Erwin — Age 89 Entry to Skaalen 12/74
warm friendly gentleman, moves freely about suite and outside community; visited and lived in a nursing home elsewhere; had flown by himself; wept freely without embarrassment as he talked about how much he loved and missed his wife; "I know the characteristics of these Norwegian people; my wife was Norwegian." "Sometimes I like to go out to eat. This here town is backwards--it's time they got a restaurant." One of 12 children; gave researcher a big red apple at conclusion of interview.

Florence — Age 74 Entry to Skaalen 9/72
slim, energetic lady with high degree of social consciousness; keeps track of all birthdays in Skaalen; involved in Bible Study, helps with communion; sings in choir; used to cut and sew quilt blocks before her hands became less usable; makes and changes own bed though she knows the staff would do it; takes pride in keeping busy.

George — Age 88 Entry to Skaalen 9/72
some residents in the home were childhood friends "my children played with their children;" warm, friendly; was shot through leg during World War I; used to run a dairy business with brother; made butter, cheese and ice cream; kids bought ice cream cones for a nickel. "They still all know me but I don't know most of them." Known for rug weaving.

Helen — Age 76 Entry to Skaalen 8/75
tall, well-dressed and groomed Norwegian woman; suite tastefully furnished and decorated; seemed so eager to be listened to that parting was difficult; perhaps she tends to drive others away with her monologue though her stories are interesting; did much housework and serving of the wealthy.

Irene — Age 90 Entry to Skaalen 10/74
limited ability to see and hear which "makes me feel rejected." Confined to wheel chair, listens to a lot of talking books.

Joy — Age 77 Entry to Skaalen 7/71
was a nurse all her life; now president of the nursing home resident council; very actively involved in life of the home; great interest in crafts.

Karl — Age 89 Entry to Skaalen 7/75
frail man, proud of his ability to be pretty independent; moves himself from his wheelchair to bathroom and livingroom chair; great enthusiasm about birds; can observe them from suite window.

Lizza — Age 75 Entry to Skaalen 2/76
entry very recent for third time; seemed sad with no ideas about anything; perhaps feels defeated because she can no longer take care of herself--was secretary in large city for 30 years.

Infirmary

Mae — Age 84 Entry to Skaalen 6/71
seated with female friend in sunny area near main door; seems to watch passers-by; seems to have forgotten much of life; said "I don't remember" five times during interview; also "It has no

meaning to me now;" called herself a happy-go-lucky who could live anywhere; researcher experienced a sadness, as though woman was not real.

Nellie — Age 90 Entry to Skaalen 7/71
alone many years since husband died; moved and took care of sick people; did housework for others; experiences difficulty getting around because of broken leg; uses walker; visually handicapped.

Olga — Age 83 Entry to Skaalen 8/73
husband died many years ago; alone since; people always find themselves laughing when around her; researcher also found herself laughing; taught English literature; weak eyes; difficulty with use of hands and with moving around; describes herself as gentle and thrifty; "My father spent his life teasing my mother. We had a lot of fun."

Peter — Age 83 Entry to Skaalen 6/71
worked in lumberyard; arthritis; lost wife and lived alone on farm. "Glad I can still smoke though not as much." "They moved me because I should be on a diet but I liked spare ribs and got back into the other food section."

Quest — Age 87 Entry to Skaalen 2/72
in wheelchair beside bed; was speed typist and top salesman in his day; married late because he cared for mother and crippled sister; often repeated statements a number of times in same words.

Roland — Age 87 Entry to Skaalen 10/75
English heritage; never married; "age makes it more reasonable to sit around and like it;" likes to read political or educational materials--"no cheap stories;" as for TV: likes "something with value in it;" enjoys speakers of quality and musical entertainment; seems immobilized by own high standards.

Sarah and John (married couple-- considered as single respondent) — Age 85; 86 Entry to Skaalen 8/71
Sarah in wheelchair recovering from stroke; lost ability to use one hand--not Norwegian; "You can take everything from this room but my TV." John sits and smokes cigars; reads headlines of newspaper with magnifying glasses.

Tillie — Age 84 Entry to Skaalen 8/71
was librarian in small town; distant relative was founding father of the town; has severe illness; needs help to walk; never married; always kept busy.

Violet Age 90 Entry to Skaalen 12/71
tiny, frail but energetic and interested; humored about being muddled at times; meals brought to her room; in bed but able to get up and offer researcher a piece of candy.

Wilma Age 85 Entry to Skaalen 9/73
petite lady in wheelchair; speedy and diligent in crocheting; concern for helping others in spirit of Christian kindness.

Yetz Age 97 Entry to Skaalen 2/72
thin gentleman with heavy glasses--great difficulty with seeing and hearing; last of his family still alive; seemed pleasant, patiently facing and praying for the end of life.

Zelda Age 97 Entry to Skaalen 8/64
patient, nonambulatory lady who hopes for more comfortable room; has disengaged from most of life due to poor vision and hearing.

CHAPTER III

ANALYSIS OF DATA

A numerical summary of the data collected with translations into percentages follows (see Appendix for raw data). Thirty-six persons were interviewed, counting a married couple interviewed together as one response. Twelve persons were interviewed from each section of Skaalen. Where a total of more than twelve appears in a horizontal group, it is because several related responses were given by some persons. Some analytical comments are offered at the end of each table.

TABLE 1

KNOWLEDGE OF SKAALEN PRIOR TO ENTRY

N = 36

	Never Visited	Visited	Volunteered	Knowledge Prior to Entry
Residents	7	5	1	11
Suites	5	7	1	11
Infirmary	9	3	1	11
Total	21 (58%)	15 (42%)	3 (8%)	33 (91%)

Of the 36 persons interviewed, it is clear that 58% never visited Skaalen prior to entry. Yet many of these did have some

knowledge of Skaalen. They received advertising, donated finances, were Norwegian and/or had lived in Stoughton. Of the 42% who did visit Skaalen, 8% also did some volunteer work there. In the name of Christian service and charity, some people may have come to visit or do volunteer work; others may have come so that someday people would pay attention to them because they had been good to older persons when they were younger. It is noteworthy that exactly eleven persons from each section of Skaalen had prior knowledge of the home. Having knowledge did not seem to indicate they would thus choose a certain section of Skaalen. Apparently all three persons who did volunteer work were healthy enough to do so earlier in their lives. One person from each section of Skaalen had volunteered earlier. For a variety of reasons 91% of those interviewed did know something about Skaalen prior to entry.

TABLE 2

SOURCE OF DECISION TO ENTER SKAALEN

N = 36

	Relatives	Doctors	Own
Residents	7	2	4
Suites	1	0	11
Infirmary	3	2	7
Total	11 (30%)	4 (10%)	22 (60%)

One individual among the 36 interviewed entered Skaalen as a result of the combined decision of doctor and relatives. This is represented in Table 2 by 13 responses given by the 12 residents interviewed. Of the total number interviewed, 60% said they made their own decision to enter Skaalen. The largest group to make this decision themselves was the suites section. People in the suites section have the strongest possibility of making their own decision as they tend to be independent and quite healthy individuals. In fact, no doctors contributed to their decisions. Doctors' decisions brought about entry in 10% of the cases, and 30% of the decisions to enter were made by relatives.

TABLE 3

REASONS FOR ENTERING SKAALEN

N = 35 No Response = 1

	Health of self or mate	Left Alone	Other	No response
Residents	8	3	1	0
Suites	8	1	3	0
Infirmary	8	0	3	1
Total	24 (67%)	4 (11%)	7 (19%)	1 (3%)

From each section of Skaalen the same number (8) of the interviewees came for health reasons. This formed 67% of those interviewed. Those who said they found themselves left alone without a mate and/or

relatives to help them formed a group of 11%. The seven persons (19%) who gave other reasons offered statements about being old enough to come, space in the home having become available, feeling like a nuisance to the family, being independent enough to choose, and being muddled. Only one person (3%) remained silent about reasons for coming. This person may not have wanted to respond or perhaps could not recall but did not want to say he had forgotten.

TABLE 4

MEANING OF ENTRY TO SKAALEN

N = 32 No Response = 4

	Sense of Security	No Response
Residents	9	3
Suites	12	0
Infirmary	11	1
Total	32 (90%)	4 (10%)

As Table 3 revealed, many persons came to Skaalen for health reasons. This is verified in Table 4 which indicates that 90% came for a sense of security. Aside from health, other comments related to a sense of security were, being wanted as a roommate, being free of cooking responsibilities, being with friends, being relieved not to care for property any more and being in a place where the soul could be cared for as well as the body. The 10% who gave no response may have ignored the question for some personal reason or have been

somewhat confused.

TABLE 5

COMMENTS ON ENTRY TO SKAALEN

N - 33 No Response = 3

	Positive	Negative	No Response
Residents	4	8	0
Suites	9	3	0
Infirmary	5	4	3
Total	18 (50%)	15 (42%)	3 (8%)

Eighteen (50%) of those interviewed made positive comments about entry. These comments included statements about the people in the home being nice to live with, the staff being available to help, and being able to feel independent. The researcher suspected that some residents seemed to make positive comments consistently and sometimes repetitiously. Perhaps in some instances persons were not giving their true responses to entry. Altered responses may be somewhat reasonable because residents know they have come to live in Skaalen the remainder of their lives. They may thus be especially careful not to irritate anyone or refocus on bad feelings they may have experienced upon entry. They may wish to live as cooperatively as they know how because they are aware that many others are waiting to enter Skaalen and would eagerly take their places. In addition, some residents may have wanted to cast the best impression of Skaalen staff

possible because they have grown fond of these people and want the research to go well.

There was a noticeable contrast in views between those who were glad to be rid of their former responsibilities and possessions and those who mourned the loss of these things. About half of the suites' interviewees expressed a sense of relief to be in Skaalen. They seemed free to be cared for rather than having to struggle for a sense of independence. They were in the most independent living section of Skaalen. The residents' section gave the largest number of negative responses. These included having nothing to do, having too little money and thus living in a small room, being lonely, having lost sight and/or hearing to some degree, missing a pet, and having no other place to go. All 8% of the "no responses" came from the infirmary where individuals are most likely to be nonambulatory and ill. Perhaps entry was very painful and came very unexpectedly due to illness. This possibility left infirmary residents totally dependent. Thus no response may very well mean a negative response.

TABLE 6

ATTITUDES TOWARD FIRST WEEKS IN SKAALEN

N = 36

	Positive	Mixed	Negative
Residents	2	8	2
Suites	7	3	2
Infirmary	4	7	1
Total	13 (36%)	18 (50%)	5 (14%)

Those respondents who made positive comments (36%) apparently chose not to focus on the losses they must have experienced. Their reasons for positive comments may have reflected their original responses or been a result of some of the biases expressed in Table 5. Mixed responses were given by 50% of the interviewees. Examples of such responses were the staff was very helpful but loneliness and crying were still common. Anger, confusion, and feeling the loss of possessions and/or health were mixed with gratitude for kind friends, visitors, and staff members. Only five respondents (14%) gave purely negative responses. The researcher finds this a bit surprising when considering the magnitude of change that occurred in these persons' lives. It suggests that many people do not wish to recall painful experiences.

TABLE 7

ATTITUDE CHANGE AFTER FIRST WEEKS IN SKAALEN

N = 33 No Response = 3

	Positive	Negative	No Response
Residents	8	4	0
Suites	8	3	1
Infirmary	8	2	2
Total	24 (67%)	9 (25%)	3 (8%)

Of the 36 persons interviewed, 24 (67%) said they continued to have positive feelings toward Skaalen or they had eventually developed

such feelings. When comparing positive responses in Table 6 with those in Table 7, it is evident that eleven persons developed positive attitudes as time passed. They either liked Skaalen or had decided to make the best of their circumstances. Again, in comparison, both residents and infirmary persons made strong gains in positive attitude change, reflected in Tables 6 and 7. Apparently, all sections of Skaalen experience many positive attitudes for eight of the twelve respondents from each section expressed such feelings as shown in Table 7. The low percentage of negative responses (25%) may be combined with the 8% no response. Those who did not answer may have had reason to ignore the question.

TABLE 8

RESPONSE TO NEWCOMERS

N = 33 No Response = 3

	Actively Help	Concerned Only	Don't Notice	No Response
Residents	7	4	1	0
Suites	6	0	6	0
Infirmary	1	0	8	3
Total	14 (39%)	4 (11%)	15 (42%)	3 (8%)

Of the 39% who were actively concerned with helping newcomers, most did not give examples. One respondent said he had his own secret way of helping. The greatest number of persons offering help was from

the residents section. This group has smaller rooms and may therefore be in the halls more--more likely to notice newcomers. They may be in fairly good health but generally do not have a car so they are most likely to be available to newcomers. Residents represent the largest group in the home; they may communicate among themselves frequently and be ready to help newcomers. Perhaps they recognize their own loneliness, too, and want to reach out to others. They may share in a basic human interest in others.

The suites represent the smallest population group in Skaalen. Occupants tend to be healthy and live in their rooms a long time. Their section is located well away from the main entry. Residents may not see newcomers. Also, their rooms are large enough for visitors and for pursuing craft activities, etc. There is not as much need to be in the halls. These persons are additionally more likely to travel by car or other transportation independent of the home. They may actually be quite independent of the life of Skaalen should they choose. Perhaps all this accounts for the suites' interviewees less interested in newcomers than those in the residents section. Six suites' residents did not notice newcomers.

The infirmary occupants are largely nonambulatory, thus handicapped from seeing newcomers. Eight of the twelve interviewees said they did not notice newcomers. Their poor health may deprive them of the necessary energy required for having concern for others. The table indicates that just one respondent in the infirmary section was actively helpful to newcomers. Overall 42% of those interviewed said they did not notice newcomers. No response was given by three (8%) of the infirmary respondents.

TABLE 9

WHAT NEWCOMERS WANT MOST

N = 36

	Friends	Room & Board	Good Food	Health Care	Entertain-ment	Don't Know
Residents	9	0	2	0	1	1
Suites	6	3	1	1	0	4
Infirmary	5	5	0	0	0	4
Total	20 (56%)	8 (22%)	3 (8%)	1 (3%)	1 (3%)	9 (25%)

A single priority was not always evident in response to the question of what newcomers want most. It was not clear during the interviews which items were valued more when an interviewee gave several responses. Thus, there appear more than twelve responses from each section of Skaalen in Table 9. Also, it is noticeable that the percentages do not equal 100% for the same reason.

Approximately 56% of those interviewed seemed to think that newcomers needed friends--someone to talk to and to listen to them. Three persons (8%) specifically mentioned good food as a crucial concern of newcomers. In fact 30% of the respondents valued room and board or just good food as highly important to newcomers. Perhaps this 86% well supports an earlier wish for a sense of security expressed by 90% of the respondents in Table 4. Interviewees would probably want newcomers to have whatever they themselves had wanted upon entry to Skaalen. Rather surprisingly, though health was a major reason for

coming to Skaalen themselves, as shown in Table 3, only one interviewee (3%) mentioned health care as a primary concern for a newcomer. Could it be that once a person has the security of health care, he tends to forget about it; he still likes good food and friends and would notice his need on a daily basis.

It is noteworthy that only one person in 36 saw entertainment as important to a newcomer. Evidently, such diversion from the crisis of entry is not thought to be important to a newcomer.

About 25% of the persons interviewed did not know what a newcomer wanted. They may not have thought about it or they may not notice newcomers at all. They may not want to venture a guess about what others want, recognizing that individual nature, age, and health status matter much in decision-making.

CHAPTER IV

CONCLUSIONS AND RECOMMENDATIONS

The research problem reviewed in this paper, entry crisis to a nursing home, centered around seven questions. Information was gathered by personal interviews with 36 residents at Skaalen Sunset Home in Stoughton, Wisconsin. The seven questions asked were:

1. Do residents have knowledge about Skaalen prior to entry? Does this make a difference at the time of entry?
2. Who makes the decision to enter? Does this make a difference at the time of entry?
3. What meaning does entry have to the aging person?
4. Are staff, facilities, and/or other things named as helpful to newcomers during the crisis of entry?
5. Does a resident recall a change in attitude from the time of entry to many months after entry?
6. How does a resident in the home respond to newcomers?
7. What do residents think newcomers want most?

From this study it is not clear if it is important for a resident to have knowledge about Skaalen prior to entry. It is evident, however, that most people have some previous knowledge. Having the knowledge did not mean individuals entered without suffering feelings of loss. Apparently, this is vitally important whether or not the newcomer has made his own decision to enter. The suffering of losses seemed greatest

for those who were brought to Skaalen uninformed and in some cases very quickly due to a health problem. Since more than half of the aging interviewed did make their own decision, it is reasonable to assume they may have felt the losses at first but then went on to appreciate the sense of security available at Skaalen.

This study revealed that persons who occupied the suites section of Skaalen were overall more satisfied than any others. They were generally more independent. It seems reasonable to conclude from this information that society must develop more ways to help aging persons remain independent yet able to rely on the support of the community when needed.

Staff was mentioned often as a positive resource during the time of entry even though newcomers' feelings were mixed at that time. It may be that newcomers cannot respond much to staff members at this critical time but nevertheless the presence of helpful, kind persons gives reassurance.

Both staff and established residents create an atmosphere to which the newcomers may respond. Since attitudes of residents did become more positive over time, it may be that the human warmth already within the environment brings the newcomer more often to the point of positive feelings toward this new living situation.

It is easy to see from the data that residents do care about newcomers either actively or passively. In an atmosphere of caring it is easier to become caring yourself. Also the imminence of approaching death may catapult some toward caring for others. It may be that those who don't notice newcomers would be caring as well if

they were in a physical and psychological state that allowed for it. This researcher finds it reassuring that human beings who have faced a lifetime of problems and are weakened by aging can still express caring for others beyond themselves.

The data supports the conclusion that friends are highly valued by newcomers. And the material already discussed here suggests that at Skaalen there are many residents and staff members who want to befriend newcomers.

From this research it seems evident that an aging person must at some point pass through the realization of many losses. Entry to a nursing home for many has been that time to experience these losses most. Yet, it may be possible to experience these losses more gradually if one is educated to realize what the future holds.

This researcher recommends two longitudinal studies to facilitate the education process.

1. A study of selected elderly citizens who have future thoughts of coming to Skaalen: research could reveal the exact steps taken over a period of years prior to entry to prepare for the future.
2. A study of a group of elderly citizens who received continual leisure and recreation educational resources such as television, lectures, discussion groups, printed material, etc.: research could reveal the effect such materials may have upon decision-making ability of the elderly in relationship to their future in a nursing home or elsewhere.

For the recreation and leisure educator this researcher recommends a greater awareness of the aging population prior to retirement age. Education is a gradual process. From elementary school onward, people could be made more aware of their own life cycle. Those who are already elderly can offer their knowledge to younger persons if what the elderly know is valued. The adult recreation educator is in a position to develop programs which could facilitate a long-range educational process.

The researcher does not know if all or any of the following recommendations to the staff at Skaalen Home are already being implemented. Based on the data collected and results of this study, these possibilities are suggested.

1. Support a team of resident educators who have achieved a sense of well-being and who exhibit interest in helping educate the aging and the population at large. This team could talk freely about losses and new freedoms gained as a result of their decision to enter Skaalen. They may talk with small community groups, church organizations, on radio and on television.
2. Support the personal telling of life stories. Not sharing means to remain separate and impoverished. In Christian terms the body of Christ is in pain when one of its members is suffering. Perhaps residents could have a time set aside each week just for telling about their lives, to encourage all to share and therefore become a more interdependent community. Even the person who is blind or has lost hearing may still be able to tell his/her story.

3. Develop means by which residents may support staff as well as each other. Staff need not bear the entire weight of caring and they themselves need support at times. This mutual support may help increase a community spirit of interdependence. The residents need not feel only they have needs and are therefore dependent.

4. The recreation director may experiment with interdependence by offering some recreation classes in the community at large rather than only in the home. Community members may participate with residents. The attitudes expressed by residents may help community members gain a better understanding of the life of residents.

5. The recreation director may invite community members into the home's recreation classes.

6. The staff members and volunteers may share responsibility and planning for the home in some of the following ways.

   a) Residents interested in business may learn about the monetary aspects of their community. They may make recommendations.

   b) Residents interested intensely in people may participate actively in the entry procedure for newcomers. They may be part of an educational team to speak with relatives of newcomers.

   c) Residents interested in nursing may receive some training to be able to act as a support team for the sick.

   d) Residents with secretarial skills may assist in record-keeping, typing, or letter-writing.

e) Residents with good vision who enjoy reading aloud may form a support reading team making themselves available to those who are handicapped visually.

f) Residents with a flair for cooking may help plan meals and possibly occasionally prepare some or parts of meals.

All the opportunities for interdependent living may support residents and staff to insure that no one is left alone carrying a burden of responsibility which might be shared. Obviously, from this study it is clear that many residents are content at Skaalen. It remains a task to insure the opportunity for all to find contentment if they choose that. Perhaps there will always be those who find contentment in ways that neither staff nor other residents need support. In such cases the freedom to be one's own person, despite programs and plans, needs to be extended to each person.

The residents, staff and volunteers at Skaalen aim to provide answers for one group of aging citizens. Yet the growing numbers of aged call society to the task of further thought and response. What will society's answer be? Is society able to hear that call from the end of the street in the nursing home? Will it answer or continue to feel separated from the concluding segment of its own life cycle?

FOOTNOTES

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[18]M. A. Lieberman, "Grouchiness, A Survival Asset: New Insights into Crisis of Aging," University of Chicago Magazine, LXVI (1973), p. 12.

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[20]A. T. Goldfarb et al., "Death Rate in Relocated Residents," in D. P. Kent et al. (eds.), Research Planners and Action for the Elderly (N.Y.: Behavioral Publications, 1972).

[21]Thomas A. Routh, Nursing Homes-A Blessing or a Curse (Ill.: Charles C. Thomas Publishers, 1968), p. viii.

[22]M. A. Lieberman, "Relocation Research and Social Policy," in Jaber F. Gubrium (ed.), Late Life Communities and Environmental Policies (Ill.: Charles C. Thomas Publishers, 1974), p. 232.

[23]Frederick Brand and Richard F. Smith, "Life Adjustment and Relocation of the Elderly," J. Geront., 29 (May 1974), p. 336.

[24]Ibid., p. 337.

[25]Minna Field, The Aged, the Family and the Community (N.Y.: Columbia University Press, 1972), p. 83.

[26]M. A. Lieberman, "Relocation Research and Social Policy," p. 224.

[27]Frances M. Carp, "Short-term and Long-term Prediction of Adjustment to a New Environment," J. Geront., 29 (July 1974), p. 444.

[28]Lieberman, "Relocation Research and Social Policy," p. 216.

[29]Lieberman, "Grouchiness, A Survival Asset: New Insights into Crisis of Aging," p. 12.

[30]Field, The Aged, the Family and the Community, p. 80.

[31]Matilda White Riley and Ann Foner, Aging and Society, Vol. 1 (N.Y.: Russell Sage Foundation, 1968), p. 585.

[32]Ibid., p. 16.

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APPENDIX

The following information is a summary of the data collected from the interview questionnaire.

Question 1: Did you know about Skaalen before you came?

Interviewees	Visited Skaalen prior to entry	Performed volunteer services at Skaalen prior to entry	Had received prior information through other sources
Residents			
AT			no
BM	X		yes, Lutheran advertising
CL	X	X	yes, from Stoughton
DE			yes, wife Norwegian
FA			yes, donated finances
GM	X		yes, from Stoughton
HA			yes, no response
IP			yes, no response
JA			yes, from Stoughton
KE			yes, Lutheran
LA	X		yes, from Stoughton
MR			yes, donated finances
Suites			
A			yes, from Stoughton
B			yes, from McFarland
C	X		yes, from Stoughton
D	X		yes, no response
E			yes, wife died here
F	X	X	yes, from Stoughton
G	X		yes, from Stoughton
H	X		yes, no response
I			no
J			yes, donated finances
K	X		yes, from Stoughton
L	X		yes, from Stoughton

Question 1--Continued

Interviewees	Visited Skaalen prior to entry	Performed volunteer services at Skaalen prior to entry	Had received prior information through other sources
Infirmary			
M			yes, from Stoughton
N	X		yes, no response
O	X		yes, from letters from there
P			yes, from Stoughton
Q			yes, from Stoughton
R			yes, no response
S			yes, from relative
T			yes, Stoughton librarian
V			yes, from relative
W		X	yes, from Stoughton
Y			yes, from Stoughton
Z			no

Question 2: Was it your decision to come?

Interviewee	Whose decision	Reason or circumstance involved
Residents		
AT	daughter's	had stroke
BM	son/doctor	forgetful/eye operation
CL	own	old enough now
DE	daughters'	lost wife/daughter moved away
FA	own	stroke of wife/gave up farm
GM	doctor's	ailing brother died
HA	daughter	wife died
IP	son	fell down--surgery
JA	son	son died--4 operations in one year
KE	daughters'	visual problem
LA	own	sick/couldn't work
MR	own	wife sick
Suites		
A	own	lived alone 5 years
B	own	wife sick/had heart attack
C	own	hospitalized for black outs
D	own	no place to go; surgery
E	own	wife sick
F	own	sick
G	own	hospitalized; wife lonely
H	own	space for me available
I	niece	loss of hearing/sight
J	own	husband sickly
K	own	nobody ever had to help me
L	own	no good reason for anything
Infirmary		
M	own	don't remember
N	own	getting old; eye trouble
O	doctor's	weakened health
P	own	lost wife/arthritis
Q	wife's	couldn't walk/wife couldn't care for me at home
R	own	no response
S&J	own	wife sick
T	doctor's	sick/hospitalized
V	niece's	muddled
W	son's	surgeries/needed help
Y	own	no place to go
Z	own	felt like a nuisance to daughter

Question 3: What did it mean to you to come to Skaalen?

Interviewee	Gave me a sense of security	Comments
Residents		
AT	improved health	"nicest people in bldg. live around me"
BM	yes	hated leaving apt. and stuff
CL	yes	pretty independent; always anxious to return after visiting elsewhere
DE	yes	keep busy
FA	yes, for wife	nothing to do
GM	yes	money keeps me in smaller room
HA	no response	nothing I care to do; didn't want to cause trouble
IP	yes, medical	"a woman wanted me for her roommate"
JA	yes	in hospital 5 times
KE	no response	couldn't live in own home
LA	no response	"I've never been anyplace where they tell so many lies"
MR	yes	no other place to go
Suites		
A	yes	decided to change while still able
B	yes	a great relief to come
C	yes	a great relief to come
D	yes	nice bunch of people here
E	yes	a relief to come/could be with wife
F	yes	can always get help when needed
G	yes	glad to get rid of farm
H	yes	could take the things w/me I liked
I	yes	was lonely; lost so much sight & hearing
J	yes	had to give up poodle
K	yes	getting back home to Stoughton
L	yes	didn't know what I wanted
Infirmary		
M	no response	don't remember
N	yes	no response
O	yes	medical help
P	yes	miss the farm
Q	yes	rather be at home
R	yes	no response
S&J	yes	medical help, cooking, can be together
T	yes	medical help
V	yes	hated it, muddled, didn't know till they brought me here
W	yes	Christian fellowship; concern for soul as well as body
Y	yes	no response
Z	yes	could make quilts for home to sell

Question 4: Describe your attitude toward your first weeks in Skaalen

Interviewee	Positive responses	Negative responses
Residents		
AT	Anderson helped me; staff "trained to be nice"	craftroom too crowded; eyes too bad for reading
BM	staff marvelous, found friend w/same eye trouble I have; depend on phone	felt depressed; didn't extend myself;hated leaving own home;no time to adjust after surgery
CL	independent of administration & staff;like people;food good	everybody would like private bath
DE	kept busy (made good use of spare time) in good shape	
FA		nobody came to talk to me nothing to do;afraid to leave wife;nobody to play cards with
GM	minister helped me;made crafts in my room	felt like I wasn't able to give much;wasn't skilled; didn't know anybody
HA	noticed women I knew; came to air-cond. area to play cards; went w/ pastor to help others feel better;have own car; healthy,good appetite	noisy room;hot room; couldn't sleep; people "showed me their rooms & that made me feel worse"
IF	didn't take me long to adjust;it's good to be here	
JA	came to get strength back	had no choice but to come; son died, sold farm; had operations
KE	knew one friend here; Pastor Rem really nice	"wasn't easy, that's for sure;I'd given up everything"
LA		nobody helped me; they don't now either;they made me come to dinner & supper
MR	all people are nice	spent first month "in the gutter" wife died;lost home; lonely;dizzy a lot

Question 4--Continued

Interviewee	Positive responses	Negative responses
Suites		
A	never thought about adjusting;came nights for 1 1/2 mos. before staying all the time	
B	Rem helped my wife;other residents helpful;relatives visit often	
C	coming here made me feel better;no cooking;had furniture husband made; "we'd miss our home if this place weren't so nice"	
D	plenty of space; nice bunch of people	awfully weak
E	nice place;happy to bring sick wife here & be w/ her; nurses very nice;have own car, drive to visit friends "you've got to make it rosy" Pastor Rem very helpful	
F	like the privacy;called to move in when I heard someone had died	
G	everyone helpful; administrators, nurses aids really nice	
H	"I smiled, greeted, & helped myself;one lady talked Norwegian w/me"	very tired;had burned a lot of old things;slept whole first week
I		homesick, lonely; couldn't see or hear the entertainment
J	so busy taking care of husband, didn't notice	missed our poodle
K	"I'm a man that watches birds"	
L		don't remember

Question 4--Continued

Interviewee	Positive responses	Negative responses
Infirmary		
M	am a happy-go-lucky person;can make my home where I am	
N	got acquainted quickly; walked around to meet people	felt strange/eye trouble; confusing to recall who helped
O	same beautician here whom I'd known for 20 yrs;another resident my friend before;same dr. attended me;my heart improved	not lonely but there's always a little dis-satisfaction; I'd rather be in own home
P	I made up my mind to make the best of it because I couldn't be alone anymore	
Q	never gave it a thought	lonesome
R	feel good to be retired; felt right at home	
S&J	coming here "a God-send" John couldn't take care of me alone	John has beautiful box of woodworking tools & no place to put or use them
T	nurse & Rem very helpful; quite a few visitors	hard to be away from my home;still feel homesick
V	Rem sat on bed to pacify me; don't need to make trouble for anyone; Anderson very friendly	wept bitter tears; sick to break up house & give away my stuff; all a muddle
W	trust God knows what is best for me	
Y	people here helped me; had brother-in-law here	felt strange;a face doesn't mean a thing because of loss of eyesight
Z		don't remember

Question 5: Did your feelings and ideas change?

Interviewee	Positive response	Negative or no response
Residents		
AT	learned to walk again	
BM	you'll like this home eventually	
CL	anxious to return after an overnight visit somewhere else	
DE	can keep busy & get to know new people	
FA		still miss farm;wife failing
GM		room too small but no choice
HA		not really
IP	everyone was right; it's good here	
JA	still have purpose--to love my granddaughter	
KE	got used to it	
LA		sick of hamburger so often
MR	no dizziness after 1 mo.	
Suites		
A	like living alone	
B		not anxious about much anymore
C	friends outside think it's great;so do we	
D	wouldn't trade with anybody	
E	we're all a big family	
F	give everybody a birthday card	
G	remember where you are; act accordingly	
H	came with open mind; don't criticize	
I	this room more like home now	
J		no
K		I watch birds
L		no response

Question 5--Continued

Interviewee	Positive response	Negative or no response
Infirmary		
M		can't remember
N	feel at home here	
O	improving in health	
P	glad I can still smoke some	
Q		no response
R	my age makes it reasonable to sit around & like it	
S&J	we accepted our lot	
T		still homesick;can't care for self
V	best for me;grounds beautiful;people friendly	
W	I'm supposed to be here	
Y	best to be content & live here	
Z		no response

Question 6: What do you think about or do when you see a new person?

Interviewee	Actively help	Concerned only	Don't notice	No Response
Residents				
AT	X			
BM			due to visual problem	
CL		volunteers help them		
DE	X			
FA		don't like to speak first		
GM	X			
HA	women alone want men to talk with them			
IP	X			
JA	yes, sometimes they take advantage			
KE		I'm shy; others take care		
LA		I feel like telling them not to come		
MR	X			
Suites				
A			X	
B			X	
C			X	
D	X			
E	yes, I've got my secret way of helping			
F	X			
G	X			
H	X			
I			must go to infirmary	
J	X			
K			I watch birds	
L			X	

Question 6--Continued

Interviewee	Actively help	Concerned only	Don't notice	No Response
Infirmary				
M			X	
N			X	
O				X
P				X
Q			X	
R			X	
S&J			X	
T				X
V			X	
W	X			
Y			X	
Z			poor eyesight & hearing	

Question 7: What do you think the newcomer wants most?

Interviewee	Friends	Room & board	Good food	Health care	Entertainment	Don't know
Residents						
AT	X					
BM	X					
CL	X					
DE						X
FA	X					
GM	X					
HA	X					
IP	X				X	
JA	X					
KE	X					
LA			X			
MR			X			
Suites						
A						X
B						X
C	X			X		
D						X
E	X					
F	X					
G	X					
H	X					X
I	X		X			
J		X				
K		X				
L		X				
Infirmary						
M						X
N						X
O	X					
P						X
Q		X	X			
R	X					
S&J		X				X
T	X	X	X			
V	X					
W	X					
Y		X	X			
Z		X	X			